

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081818	2 Total pages filed: 39
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Sonya L.	MI
	NICKNAME	LAST Heath	SUFFIX
OFFICE USE ONLY			
			Date Received ELECTRONICALLY FILED 10/09/2018
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 811 Houston, TX 77001		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Melinda	MI
	NICKNAME	LAST Schmidt	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2306 Blodgett St., Ste. 2 Houston, TX 77004		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(832) 310-4320			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 07/01/2018	THROUGH	Month Day Year 09/27/2018
10 ELECTION	ELECTION DATE Month Day Year 11/06/2018		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) District Judge District 310	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM **JC/OH**
COVER SHEET PG 2

2 of 39

13 C / OH NAME Heath, Sonya L. (Ms.) **14** Filer ID (Ethics Commission Filers)
00081818

15 NOTICE FROM POLITICAL COMMITTEE(S)
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,408.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,433.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,974.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Sonya L. Heath

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

18 FILER NAME Heath, Sonya L. (Ms.)		19 Filer ID 00081818	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	20,330.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	2,078.00
3.	<input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	17,358.21
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	75.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/15 Rpt: 4/39
2 FILER NAME Heath, Sonya L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 07/30/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adeji, Denise	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Houston, TX 77044	
8 Contributor's Principal Occupation Retired		9 Contributor's Job Title
10 Contributor's employer/law firm Retired		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanis, Olivia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77075	
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baskharone, Ana	Amount of Contribution (\$) \$550.00
	Contributor address; City; State; Zip Code Houston, TX 77023	
Contributor's Principal Occupation Sales		Contributor's Job Title Customer Relationship Manager
Contributor's employer/law firm Center Point Energy		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/15 Rpt: 5/39
2 FILER NAME Heath, Sonya L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 07/30/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Julie <hr/> 6 Contributor address; City; State; Zip Code Humble, TX 77346	7 Amount of Contribution (\$) \$40.00
8 Contributor's Principal Occupation Unemployed		9 Contributor's Job Title
10 Contributor's employer/law firm Unemployed		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Sheila <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$5.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77024	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Law Offices of Ed Davis		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/15 Rpt: 6/39
2 FILER NAME Heath, Sonya L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 09/18/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devries, Peter	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77055	
8 Contributor's Principal Occupation Professor		9 Contributor's Job Title Professor
10 Contributor's employer/law firm University of Houston Downtown		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doucen, Ray	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 08/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doucen, Ray	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/15 Rpt: 7/39
2 FILER NAME Heath, Sonya L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 07/03/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Family Lawyers for Good Judges	7 Amount of Contribution (\$) \$670.00
	6 Contributor address; City; State; Zip Code Webster, TX 77598	
8 Contributor's Principal Occupation		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederick, Sylvia	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code New Caney, TX 77357	
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Ricky	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Pasadena, TX 77505	
Contributor's Principal Occupation IT (Information technology)		Contributor's Job Title IT Manager
Contributor's employer/law firm Shell Oil Company		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/15 Rpt: 8/39
2 FILER NAME Heath, Sonya L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 09/24/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Ricky	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Pasadena, TX 77505	
8 Contributor's Principal Occupation IT (Information technology)		9 Contributor's Job Title IT Manager
10 Contributor's employer/law firm Shell Oil Company		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/22/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Marco	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77017	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Gonzalez Law Group		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guasch, Enrique	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation Sales		Contributor's Job Title Computer Sales
Contributor's employer/law firm Liquid Framework		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/15 Rpt: 9/39
2 FILER NAME Heath, Sonya L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 07/24/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Hal	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77079	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm The Hale Firm, P.C.		11 Law firm of contributor's spouse (if any) The Herrington Law Firm, P.C.
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/10/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Hal	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77079	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm The Hale Firm, P.C.		Law firm of contributor's spouse (if any) The Herrington Law Firm, P.C.
If contributor is a child, law firm of parent(s) (if any)		
Date 09/12/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Jerry	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Houston, TX 77079	
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/15 Rpt: 10/39
2 FILER NAME Heath, Sonya L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 07/24/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatamleh, Fayez	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Friendswood, TX 77546	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Fayez Law Group, PLLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/23/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatamleh, Fayez	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Fayez Law Group, PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/02/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrington, Catherine	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77043	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm The Herrington Law Firm		Law firm of contributor's spouse (if any) The Hale Firm, PC
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 8/15 Rpt: 11/39
2 FILER NAME Heath, Sonya L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 07/24/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrington, Catherine	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77043	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm The Herrington Law Firm, P.C.		11 Law firm of contributor's spouse (if any) The Hale Firm, P.C.
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hirsch & Westheimer, P.C.	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kawaja, Essa	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77007	
Contributor's Principal Occupation Dentist		Contributor's Job Title Dentist
Contributor's employer/law firm Summit Dental		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/15 Rpt: 12/39
2 FILER NAME Heath, Sonya L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 07/30/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavallis, Kelley <hr/> 6 Contributor address; City; State; Zip Code Pasadena, TX 77502-2610	7 Amount of Contribution (\$) \$40.00
8 Contributor's Principal Occupation Pharmacist		9 Contributor's Job Title Pharmacist
10 Contributor's employer/law firm Strawberry Family Drug and Pharmacy		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Philip <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$25.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/13/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loomis, Scott <hr/> Contributor address; City; State; Zip Code Pasadena, TX 77504	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation Insurance		Contributor's Job Title Insurance Agent
Contributor's employer/law firm State Farm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/15 Rpt: 13/39
2 FILER NAME Heath, Sonya L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 07/24/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lybarger, Richard	7 Amount of Contribution (\$) \$300.00
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77478	
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Law Office of Richard Lybarger		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/21/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munoz, Elsa	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77034	
Contributor's Principal Occupation Retail		Contributor's Job Title Retail
Contributor's employer/law firm Bayway LinkedIn		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Jo	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Humble, TX 77338	
Contributor's Principal Occupation Mental Health Clinician		Contributor's Job Title Mental Health Clinician
Contributor's employer/law firm Department of Veterans Affairs		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/15 Rpt: 14/39
2 FILER NAME Heath, Sonya L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 07/03/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palko, William	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77015	
8 Contributor's Principal Occupation Banker		9 Contributor's Job Title
10 Contributor's employer/law firm Amegy Bank		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Laurel	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Tomball, TX 77375	
Contributor's Principal Occupation Researcher		Contributor's Job Title Clinical Research Coordinator
Contributor's employer/law firm MD Anderson		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/18/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rassadi, Yasmin	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77024	
Contributor's Principal Occupation Banking		Contributor's Job Title Business Analysis Manager
Contributor's employer/law firm JP Morgan Chase		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/15 Rpt: 15/39
2 FILER NAME Heath, Sonya L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 09/12/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riddick, Brenda	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Houston, TX 77024	
8 Contributor's Principal Occupation Professor		9 Contributor's Job Title Professor
10 Contributor's employer/law firm Houston Community College System		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 09/17/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, James	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77056	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Padilla & Rodriguez, LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saenz, Eloy	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Humble, TX 77346	
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/15 Rpt: 16/39
2 FILER NAME Heath, Sonya L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 09/10/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheffield, Joshua <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77036	7 Amount of Contribution (\$) \$200.00
8 Contributor's Principal Occupation Administrative		9 Contributor's Job Title Vice President
10 Contributor's employer/law firm Builder Source Group		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Fairness <hr/> Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$5,000.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Touchton, JayLynne <hr/> Contributor address; City; State; Zip Code Deer Park, TX 77536	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation manager		Contributor's Job Title Owner
Contributor's employer/law firm Ocean Breeze Occupational Solutions		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 14/15 Rpt: 17/39
2 FILER NAME Heath, Sonya L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 08/07/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasquez, Jair	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code Houston, TX 77095	
8 Contributor's Principal Occupation Engineer		9 Contributor's Job Title Engineer
10 Contributor's employer/law firm HGE Consulting		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villagomez, Vanessa	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation Paralegal		Contributor's Job Title Paralegal
Contributor's employer/law firm Law Office of Daniel Lee		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 07/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waldrop, Teresa	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77002	
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney at Law
Contributor's employer/law firm Law Offices of Teresa J. Waldrop, P.C.		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 15/15 Rpt: 18/39
2 FILER NAME Heath, Sonya L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081818
4 Date 09/05/2018	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wickliff, A. Martin <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77021-1240	7 Amount of Contribution (\$) \$250.00
8 Contributor's Principal Occupation Attorney		9 Contributor's Job Title Attorney
10 Contributor's employer/law firm Cozen O'Connor		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 07/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Henrygene <hr/> Contributor address; City; State; Zip Code Houston, TX 77049	Amount of Contribution (\$) \$40.00
Contributor's Principal Occupation Realtor		Contributor's Job Title Realtor
Contributor's employer/law firm Keller Williams		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 09/19/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Alvenetta <hr/> Contributor address; City; State; Zip Code Houston, TX 77089	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 19/39	
2 FILER NAME Heath, Sonya L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081818	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 07/17/2018	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Touchton, JayLynne	8 Amount of contribution (\$) \$78.00	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code Deer Park, TX 77536		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) manager		13 Contributor's job title (FOR JUDICIAL) (See instructions) owner	
14 Contributor's employer/law firm (FOR JUDICIAL) Ocean Breeze Occupational Solutions		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 07/24/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Tim	Amount of contribution (\$) \$2,000.00	In-kind contribution description
	Contributor address; City; State; Zip Code Hempstead, TX 77445		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Consultant		Contributor's job title (FOR JUDICIAL) (See instructions) Owner	
Contributor's employer/law firm (FOR JUDICIAL) Wilson Investigations		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

PLEGGED CONTRIBUTIONS (JUDICIAL)

SCHEDULE B(J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B(J):
Sch: 1/1 Rpt: 20/39

2 FILER NAME
Heath, Sonya L. (Ms.)

3 Filer ID (Ethics Commission Filers)
00081818

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Pledgor's principal occupation

11 Pledgor's job title

12 Pledgor's employer/law firm

13 Law firm of pledgor's spouse (if any)

14 If pledgor is a child, law firm of parent(s) (if any)

LOANS (JUDICIAL)

SCHEDULE E(J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(J): Sch: 1/1 Rpt: 21/39
2 FILER NAME Heath, Sonya L. (Ms.)		3 Filer ID (Ethics Commission Filers) 00081818
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Lender's Principal Occupation		13 Lender's Job Title
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)
16 If lender is child, law firm of parent(s) (if any)		
17 Description of Collateral <input type="checkbox"/> None		18 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
19 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	20 Name of guarantor	22 Amount Guaranteed (\$)
	21 Guarantor address; City; State; Zip Code	
23 Guarantor's Principal Occupation		24 Guarantor's Job Title
25 Guarantor's Employer/Law Firm		26 Law Firm of guarantor's spouse (if any)
27 If guarantor is child, law firm of parent(s) (if any)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 1/17 Rpt: 22/39	2	FILER NAME Heath, Sonya L. (Ms.)	3	Filer ID (Ethics Commission Filers) 00081818	
4	Date 08/03/2018	5	Payee name 1 & 1 Internet Inc.			
6	Amount (\$) \$155.88	7	Payee address; City; State; Zip Code 701 Lee Rd Suite 300 Chesterbrook, PA 19087			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website (12 month renewal)			
9		Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				
	Date 08/24/2018		Payee name Aubrey R. Taylor Communications			
	Amount (\$) \$2,500.00		Payee address; City; State; Zip Code 957 NASA Parkway #251 Houston, TX 77058			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Houston Business Connection (newspaper)			
		Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				
	Date 09/26/2018		Payee name Avery			
	Amount (\$) \$87.68		Payee address; City; State; Zip Code 50 Pointe Drive Brea, CA 92821			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thank you cards			
		Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/17 Rpt: 23/39	2 FILER NAME Heath, Sonya L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 07/02/2018	5 Payee name Bank of America	
6 Amount (\$) \$16.00	7 Payee address; City; State; Zip Code TX5-724-01-01 Houston, TX 77010	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fee (bank account)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2018	Payee name Bank of America	
Amount (\$) \$16.00	Payee address; City; State; Zip Code TX5-724-01-01 Houston, TX 77010	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2018	Payee name Bank of America	
Amount (\$) \$16.00	Payee address; City; State; Zip Code TX5-724-01-01 Houston, TX 77010	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/17 Rpt: 24/39	2 FILER NAME Heath, Sonya L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 09/21/2018	5 Payee name Build A Sign	
6 Amount (\$) \$147.12	7 Payee address; City; State; Zip Code 11525A Stonehollw Drive Suite 100 Austin, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Magnetic car decals
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/27/2018	Payee name Charlie Horse Photos	
Amount (\$) \$174.75	Payee address; City; State; Zip Code 506 Wakefield Drive League City, TX 77573	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography for advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2018	Payee name Charlie Horse Photos	
Amount (\$) \$174.75	Payee address; City; State; Zip Code 506 Wakefield Drive League City, TX 77573	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography for advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/17 Rpt: 25/39	2 FILER NAME Heath, Sonya L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 09/12/2018	5 Payee name Domino's Pizza	
6 Amount (\$) \$41.25	7 Payee address; City; State; Zip Code 3607 Old Spanish Trail Houston, TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Pizza for campaign volunteer meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/04/2018	Payee name Eiche, John	
Amount (\$) \$250.01	Payee address; City; State; Zip Code 3519 River Bend Drive Rosenberg, TX 77471	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food/catering for campaign event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2018	Payee name Facebook Ads	
Amount (\$) \$18.00	Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense promote post
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/17 Rpt: 26/39	2 FILER NAME Heath, Sonya L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 09/01/2018	5 Payee name Gulf Coast Area Labor Federation	
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 2506 Sutherland St. Houston, TX 77023	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Breakfast at AFL-CIO meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/12/2018	Payee name HEB	
Amount (\$) \$45.33	Payee address; City; State; Zip Code 1701 West Alabama St. Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Drinks for campaign volunteer meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/18/2018	Payee name HEB	
Amount (\$) \$43.26	Payee address; City; State; Zip Code 1701 West Alabama St. Houston, TX 77098	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for golf committee meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/17 Rpt: 27/39	2 FILER NAME Heath, Sonya L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 07/23/2018	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$400.00	7 Payee address; City; State; Zip Code 1445 N Loop West Suite 110 Houston, TX 77008	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coordinated Campaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/26/2018	Payee name Harris County Democratic Party	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 1445 N Loop West Suite 110 Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coordinated Campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/28/2018	Payee name Harris County Democratic Party	
Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 1445 N Loop West Suite 110 Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coordinated Campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/17 Rpt: 28/39	2 FILER NAME Heath, Sonya L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 08/04/2018	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 1445 N Loop West Suite 110 Houston, TX 77008	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coordinated Campaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2018	Payee name Harris County Democratic Party	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code 1445 N Loop West Suite 110 Houston, TX 77008	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Coordinated Campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/31/2018	Payee name Kim Son Restaurant	
Amount (\$) \$69.21	Payee address; City; State; Zip Code 2001 Jefferson Houston, TX 77003	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner w/ potential associate judge
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/17 Rpt: 29/39	2 FILER NAME Heath, Sonya L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 08/22/2018	5 Payee name Lady Lions Club of Houston	
6 Amount (\$) \$529.92	7 Payee address; City; State; Zip Code 6501 Fannin St Houston, TX 77030	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sponsorship (logo on event card); bought table for "2018 Hats & High Tea"
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2018	Payee name Maldonado, Eleazar	
Amount (\$) \$40.00	Payee address; City; State; Zip Code P.O. Box 66733 Houston, TX 77266	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Courier service (pick up of golf tournament items)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2018	Payee name Mexican American Bar Association of Houston	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 2800 Post Oak Blvd Suite 3400 Houston, TX 77001	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MABAH Gala (bought table)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/17 Rpt: 30/39	2 FILER NAME Heath, Sonya L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 07/02/2018	5 Payee name PayPal	
6 Amount (\$) \$29.30	7 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/06/2018	Payee name PayPal	
Amount (\$) \$14.80	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/24/2018	Payee name PayPal	
Amount (\$) \$93.08	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/17 Rpt: 31/39	2 FILER NAME Heath, Sonya L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 08/07/2018	5 Payee name PayPal	
6 Amount (\$) \$17.65	7 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/14/2018	Payee name PayPal	
Amount (\$) \$3.20	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/17/2018	Payee name PayPal	
Amount (\$) \$5.40	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/17 Rpt: 32/39	2 FILER NAME Heath, Sonya L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 08/28/2018	5 Payee name PayPal	
6 Amount (\$) \$72.80	7 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/04/2018	Payee name PayPal	
Amount (\$) \$14.80	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/10/2018	Payee name PayPal	
Amount (\$) \$35.40	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/17 Rpt: 33/39	2 FILER NAME Heath, Sonya L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 09/17/2018	5 Payee name PayPal	
6 Amount (\$) \$3.20	7 Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2018	Payee name PayPal	
Amount (\$) \$16.25	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2018	Payee name PayPal	
Amount (\$) \$3.20	Payee address; City; State; Zip Code 2211 North First Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense service fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/17 Rpt: 34/39	2 FILER NAME Heath, Sonya L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 08/07/2018	5 Payee name Print N Sign	
6 Amount (\$) \$189.43	7 Payee address; City; State; Zip Code 7350 Harwin Dr Suite 316-A Houston, TX 77036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2018	Payee name Print N Sign	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 7350 Harwin Dr Suite 316-A Houston, TX 77036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/30/2018	Payee name Print N Sign	
Amount (\$) \$1,315.00	Payee address; City; State; Zip Code 7350 Harwin Dr Suite 316-A Houston, TX 77036	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/17 Rpt: 35/39	2 FILER NAME Heath, Sonya L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 09/26/2018	5 Payee name Print N Sign	
6 Amount (\$) \$180.00	7 Payee address; City; State; Zip Code 7350 Harwin Dr Suite 316-A Houston, TX 77036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense push cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2018	Payee name Rotary District 5890	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 3525 Preston Rd. Pasadena, TX 77505	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising at Installation of Officers event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2018	Payee name Rotary District 5890	
Amount (\$) \$35.00	Payee address; City; State; Zip Code 3525 Preston Rd. Pasadena, TX 77505	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Kick off Karbach 2018
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/17 Rpt: 36/39	2 FILER NAME Heath, Sonya L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 07/03/2018	5 Payee name Schmidt, Melinda	
6 Amount (\$) \$1,083.00	7 Payee address; City; State; Zip Code 24807 Lakebriar Dr. Katy, TX 77494	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign work
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/24/2018	Payee name Sonya Heath Campaign	
Amount (\$) \$1.00	Payee address; City; State; Zip Code 2306 Blodgett St., 2nd Floor Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Test of credit card processing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/25/2018	Payee name Sonya Heath Campaign	
Amount (\$) \$1.00	Payee address; City; State; Zip Code 2306 Blodgett St., 2nd Floor Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Testing credit card reader
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/17 Rpt: 37/39	2 FILER NAME Heath, Sonya L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 09/09/2018	5 Payee name Texas Democratic Women	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 1445 North Loop West Suite 110 Houston, TX 77008	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/02/2018	Payee name Walgreens	
Amount (\$) \$9.74	Payee address; City; State; Zip Code 5202 Almeda Houston, TX 77004	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense photo for push cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2018	Payee name Wix.com	
Amount (\$) \$14.95	Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94140	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website domain
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/17 Rpt: 38/39	2 FILER NAME Heath, Sonya L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 07/11/2018	5 Payee name Wix.com	
6 Amount (\$) \$4.95	7 Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94140	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense G-suite mailbox
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/13/2018	Payee name Wix.com	
Amount (\$) \$4.95	Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94140	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense G-suite mailbox
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2018	Payee name Wix.com	
Amount (\$) \$4.95	Payee address; City; State; Zip Code P.O. Box 40190 San Francisco, CA 94140	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense G-suite mailbox
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 39/39	2 FILER NAME Heath, Sonya L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00081818
4 Date 09/09/2018	5 Payee name Bay Area Democratic Movement	
6 Amount (\$) \$75.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 590383 Houston, TX 77259	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dinner at "Crave the Wave" Bay Area Blue Wave Democratic Party
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held